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especially of exhibitions and picture-galleries; they are fatiguing even to strong people, and for invalids practically impossible. Get at the people of the country and their life if you can, read your Baedecker, see a few typical buildings, and enjoy the scenery, and you will have received all there is for you out of a trip with a patient through Europe.

ANTISEPTIC SOLUTIONS AND DUSTING POWDERS

By JESSIE BREEZE
Chicago

The following statistics have been compiled from information obtained from eight of the best hospitals in the large cities of the United States, the methods of making solutions in all these hospitals varying little in essence, if a trifle in detail. All are made with sterile water; whether from a modern steam sterilizer, or boiled an hour in a closed vessel on an ordinary stove, makes little difference in the results obtained.

Only one hospital reported using *green soap* as an antiseptic, but it is certain every one of them use it daily—either in the form of paste or tincture—to cleanse and begin the sterilization of hands and the field of operation.

Bichloride of mercury is used in all the hospitals in strengths varying from 1 to 500 to 1 to 10,000. In some it is made from tablets which contain, besides the mercury salt, ammonium chloride, which helps to make a more stable solution. In other hospitals the corrosive sublimate solution has a double quantity of common salt added for the same purpose.

Carbolic acid from one per cent. to five per cent. is used in all but one hospital, and is made by adding sterile water to the crystals, or ninety-five per cent., and mixing thoroughly. Alcohol or glycerine may be added, but are of no particular advantage. If ninety-five per cent. is used, cold water can be shaken with it; but if the melted crystals, boiling water only can make a thoroughly safe mixture. All but one hospital reports the use of *boric acid* in saturated or half-saturated solutions, easily made by putting the required amount of crystals on a sterile linen or cotton filter and pouring boiling water slowly through.

Permanganate of potassium, saturated solution, or the color of port wine, with *oxalic acid* solution for bleaching, comes next, only two reports failing to mention it. One hospital sterilizes it after it is made, the others make it as needed, a very good way being to put a few crystals in a sterile gauze sponge and suspend carefully in the sterile water until the desired strength is obtained. The oxalic-acid solution is used to bleach the hands only.

Formaldehyde, or formaline, one-fifth per cent. to one per cent., is used in five hospitals. The liquid, although only forty per cent. in strength, is used as if full strength, thus: to make a quart of the one per cent. solution, two and a half drams liquid formaldehyde would be needed to a quart of sterile water.

Lysol, one per cent., is used in four hospitals. Lysol is a comparatively new antiseptic of coal-tar origin, said to be far superior to carbolic acid, a one per cent. solution being equal in antiseptic qualities to a two and one-half per cent. carbolic-acid solution, and not irritating. Two hospitals report the use of *creolin,* another coal-tar product, which goes by four or five other names. A milky solution and as strong as two per cent. are the strengths used. This is much cheaper than lysol.

Thiersch's solution, consisting of one hundred and fifty grains of *salicylic acid,* dissolved in one quart boric-acid saturated solution, is best made by dissolving the salicylic acid in a little alcohol and adding this to the hot boric solution.

Crenasol, a non-poisonous substitute for carbolic acid which is new within a few years. It is used pure for sterilizing the hands and the field of operation (like ninety-five per cent. alcohol) and in solutions of one-half per cent. to two per cent. for other purposes. The Jeyes Sanitary Compounds Company, of Montreal, are the manufacturers.

Iodine solution the color of sherry wine is sometimes used.

Protargol, an albuminate of silver manufactured in Germany, is used in some hospitals as an astringent and bactericide in solutions of one-half per cent. to two per cent. It is best made by putting the powder on the top of the sterile water and allowing it to slowly fall through of itself.

Acetate of aluminum, saturated solution, is used occasionally in some hospitals for moist dressings.

Normal-salt solution was mentioned in five reports, but it is certain that the other hospitals use it. It may not be considered an antiseptic solution by all, but it is too freely used in operating-rooms these days not to mention it in this list. Many hospitals keep a concentrated or "stock" solution from which the normal solution is quickly made by adding the required amount of sterile water at any temperature desired. Two formulæ for "stock" solution are as follows:

(*a*) Put a quantity of table salt in a clean vessel and add enough water to nearly dissolve it; cover and boil twenty minutes or half an hour. Keep in a sterile bottle or dish closely covered. Five drams of this solution added to a quart of sterile water makes the required strength of six-tenths of one per cent. (*b*) Put three ounces by weight of table salt in one pint of water; boil one-half hour in a closed vessel, and when cold make up the loss of water by evaporation to one pint again. Keep in a sterile vessel and use one ounce of this solution to the quart of sterile water for normal-salt solution. Ordinary table salt contains, besides sodium chloride, a little calcium chloride and sodium phosphate in variable quantities. This is an advantage in the normal-salt solution, these salts being found normally in the blood.

Alcohol is reported by six hospitals, but, like green soap, all use it.

Sulphuric ether is, in these days, considered necessary to take the oil from the skin in sterilizing the field of operation.

On the whole, it is not so much the new materials as the new methods that trouble those of us who have been out of hospital work for some time.

Dusting powders are used much less to-day than ten or more years ago, and the tendency is to use less of them.

Iodoform still holds first place in spite of its disagreeable qualities, being used in each of the hospitals heard from, although sparingly used in comparison with former years.

Boric acid impalpable powder comes next.

Aristol, made from iodine and odorless, is commonly used. This is a proprietary substance manufactured in Germany.

Bismuth subnitrate is quite extensively used.

Bismuth subgallate, or *dermatol,* only moderately.

Salicylic acid is used occasionally and is not uncommon *combined with boric acid* in the proportion of one part salicylic acid to four or five of boric-acid powder.

Protargol is occasionally used as a dusting powder; also *acetanilid, carbonate of magnesium, lycopodium,* and *oxide of zinc.*

Nosophen, a powder with the strength of sixty per cent. iodine, is manufactured in Germany and used in this country occasionally.

Antinosine is also made from iodine in Germany, but is used here very little; in fact, none of the reports mentioned it.

Orthoform, an inodorous substitute for iodoform, manufactured in Germany, is seldom used here.

Chinosol, twenty parts combined with boric-acid powder one part, is used sometimes. Chinosol is manufactured in England.

Some hospitals put the powders in test-tubes and sterilize in the steam sterilizer; others do not sterilize them at all. A simple although probably not very effectual way is to put the bottles containing the powders in a hot-water bath and boil one hour. Iodoform is difficult or impossible to sterilize by heat, too great heat decomposing it, setting the iodine free.

AN OPEN LETTER WITH ANSWER

DEAR MISS McISAAC:

I want to thank all you good women for giving us such a fine magazine as THE AMERICAN JOURNAL OF NURSING. I am a subscriber, and am always trying to get others to join, as I think it is what we, as nurses, have long wanted. I would like to ask you some questions, and would so much like you to answer through the JOURNAL. I am a private nurse, graduate of the ——— Hospital in —————, and have been nursing for nine years. In all my reading I see so little in regard to the private nurse. All seems to be said for and of the nurse who works in hospitals or institutions of all kinds. No nurse, I think, shows her training and education more than the private nurse, for she really stands alone. All we ever see in print are such things as "The Private Nurse's Outfit," and "Prices of the Private Nurses." We all know that, but we crave more, and really deserve more recognition. I have always tried to keep in touch with all practical points in private nursing, but see so little in print. I have been trying for the last year to form an alumnæ association at our school, but have almost given up all hope of so doing, as the nurses seem so slow to grasp the advantages of such a step. I sincerely wish that you good women succeed in making it compulsory for all to join such associations. A private nurse, it seems to me, is so isolated in her work, that I think the people should be educated how to appreciate her, and also that all directories should be in her hands. We are an intelligent set of women, and should be able to govern ourselves. I am very anxious to attend the meetings that are to be held in Buffalo this September. How am I to do it if our school has not formed an alumnæ, so that I could be admitted as such? But as I am only a private nurse, will I be allowed to enjoy some benefit if I attend, or, in other words, would I be granted admission? The private nurses are just as anxious for organization as hospital nurses, and yet but little place or attention is given us. Why is it? Now, I would be so glad if you could answer us through the columns of the JOURNAL, and tell all private nurses why we are not given more recognition in the affairs of nursing. True, our time is more taken up. I would like to hear how others feel on the subject.

Very cordially yours,
A PRIVATE NURSE.